

110TH CONGRESS
1ST SESSION

H. R. 1283

To amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 1, 2007

Ms. ESHOO (for herself, Mr. PICKERING, Mr. ALLEN, Mr. BARTLETT of Maryland, Mr. BURTON of Indiana, Mr. BUTTERFIELD, Mrs. CAPPS, Mr. CONYERS, Mr. CUMMINGS, Mr. LINCOLN DAVIS of Tennessee, Mr. DOYLE, Mr. FARR, Mr. FRANK of Massachusetts, Mr. GERLACH, Mr. GORDON of Tennessee, Mr. GRAVES, Ms. JACKSON-LEE of Texas, Mr. KENNEDY, Mr. KUCINICH, Mr. LANGEVIN, Mr. LANTOS, Mrs. LOWEY, Mr. McDERMOTT, Mr. McNULTY, Mrs. MALONEY of New York, Mr. MATHESON, Mr. GEORGE MILLER of California, Mr. MOORE of Kansas, Mr. PLATTS, Mr. RAMSTAD, Mr. RANGEL, Mr. REYES, Mr. ROSS, Ms. SCHAKOWSKY, Mr. SCHIFF, Mrs. SCHMIDT, Ms. SCHWARTZ, Mr. SESSIONS, Mrs. TAUSCHER, Mr. TOWNS, Mr. VAN HOLLEN, Mr. WAXMAN, Mr. WU, Mrs. BOYDA of Kansas, Mr. CARNEY, Ms. CLARKE, Mr. CUELLAR, Mr. TOM DAVIS of Virginia, Mr. DELAHUNT, Mr. LEWIS of Georgia, Mr. LOBIONDO, Mr. McGOVERN, Mr. SERRANO, Mr. TIERNEY, Ms. WATSON, Mr. HOLT, Mr. MCHUGH, and Mr. WOLF) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Arthritis Prevention,
3 Control, and Cure Act of 2007”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Arthritis and other rheumatic diseases are
7 among the most common chronic conditions in the
8 United States. There are more than 100 different
9 forms of arthritis, which affect joints, the tissues
10 which surround the joint, and other connective tis-
11 sue. Two of the most common forms are osteo-
12 arthritis, which affects approximately 21,000,000
13 Americans, and rheumatoid arthritis.

14 (2) Arthritis and other rheumatic diseases
15 cause severe and chronic pain, swollen tissue, liga-
16 ment and joint destruction, deformities, permanent
17 disability, and death. Arthritis and other rheumatic
18 diseases erode patients’ quality of life and can di-
19 minish their mental health, impose significant limi-
20 tations on their daily activities, and disrupt the lives
21 of their family members and caregivers.

22 (3) One out of every 5 or 46 million adults in
23 the United States suffers from arthritis. The num-
24 ber of individuals in the United States with arthritis
25 will grow as the number of older Americans con-

1 continues to increase dramatically in the next few dec-
2 ades.

3 (4) By 2030, nearly 67,000,000 or 25 percent
4 of the projected United States adult population will
5 have arthritis, and arthritis will limit the daily ac-
6 tivities of nearly 25,000,000 individuals. These esti-
7 mates may be conservative as they do not account
8 for the current trends in obesity, which may con-
9 tribute to future cases of osteoarthritis.

10 (5) According to the Centers for Disease Con-
11 trol and Prevention, the total costs attributable to
12 arthritis and other rheumatic conditions in the
13 United States in 2003 was approximately
14 \$128,000,000,000. This equaled 1.2 percent of the
15 2003 United States gross domestic product.
16 \$80,800,000,000 of such costs consisted of direct
17 costs for medical care, and \$47,000,000,000 con-
18 sisted of indirect costs for lost earnings. National
19 medical costs attributable to arthritis grew by 24
20 percent between 1997 and 2003. This rise in med-
21 ical costs resulted from an increase in the number
22 of people with arthritis and other rheumatic condi-
23 tions.

24 (6) Arthritis and other rheumatic diseases af-
25 fect all types of people of the United States, not just

1 older individuals. Arthritis and other rheumatic dis-
2 eases disproportionately affect women in the United
3 States. 8,700,000 young adults ages 18 through 44
4 have arthritis, and millions of others are at risk for
5 developing the disease.

6 (7) Nearly 300,000 children in the United
7 States, or 3 children out of every 1,000, have some
8 form of arthritis or other rheumatic disease. It is the
9 sense of the Congress that the substantial morbidity
10 associated with pediatric arthritis warrants a greater
11 Federal investment in research to identify new and
12 more effective treatments for these diseases.

13 (8) Arthritis and other rheumatic diseases are
14 the leading cause of disability among adults in the
15 United States. Over 40 percent, or nearly
16 19,000,000, adults with arthritis are limited in their
17 activities because of their arthritis. In addition to
18 activity limitations, 31 percent or 8,200,000 of
19 working age adults with arthritis report being lim-
20 ited in work activities due to arthritis.

21 (9) Obese adults are up to 4 times more likely
22 to develop knee osteoarthritis than normal weight
23 adults. Excess body weight is also associated with
24 worse progression of arthritis, contributing to func-
25 tional limitation, mobility problems, and disability.

1 About 35 percent of adults with arthritis are obese
2 compared to only 21 percent of those without arthri-
3 tis.

4 (10) Arthritis results in 744,000 hospitaliza-
5 tions and 36,500,000 outpatient care visits every
6 year.

7 (11) In 1975, the National Arthritis Act of
8 1974 (Public Law 93–640) was enacted to promote
9 basic and clinical arthritis research, establish multi-
10 purpose arthritis centers, and expand clinical knowl-
11 edge in the field of arthritis. The Act was success-
12 fully implemented, and continued funding of arthri-
13 tis-related research has led to important advances in
14 arthritis control, treatment, and prevention.

15 (12) Early diagnosis, treatment, and appro-
16 priate management of arthritis can control symp-
17 toms and improve quality of life. Weight control and
18 exercise can demonstrably lower health risks from
19 arthritis, as can other forms of patient education,
20 training, and self-management. The genetics of ar-
21 thritis are being actively investigated. New, innova-
22 tive, and increasingly effective drug therapies, joint
23 replacements, and other therapeutic options are
24 being developed.

1 (13) While research has identified many effective
2 interventions against arthritis, such interventions
3 are broadly underutilized. That underutilization
4 leads to unnecessary loss of life, health, and
5 quality of life, as well as avoidable or unnecessarily
6 high health care costs. Increasing physical activity,
7 losing excess weight, and participating in self-management
8 education classes have been shown to reduce pain,
9 improve functional limitations and mental health,
10 and reduce disability among persons with arthritis.
11 Some self-management programs have been proven
12 to reduce arthritis pain by 20 percent and physician
13 visits by 40 percent. Despite this fact, less than
14 1 percent of the people in the United States with
15 arthritis participate in such programs, and self-management
16 courses are not offered in all areas of the United States.

18 (14) Rheumatologists are internists or pediatric
19 sub-specialists who are uniquely qualified by an additional
20 2 to 4 years of training and experience in the diagnosis
21 and treatment of rheumatic conditions. Typically,
22 rheumatologists act as consultants, but also often
23 act as managers, relying on the help of many skilled
24 professionals, including nurses, physical and occupational
25 therapists, psychologists, and social

1 workers. Many rheumatologists conduct research to
2 determine the cause and effective treatment of dis-
3 abling and sometimes fatal rheumatic diseases.

4 (15) Recognizing that the Nation requires a
5 public health approach to arthritis, the Department
6 of Health and Human Services established impor-
7 tant national goals related to arthritis in its Healthy
8 People 2010 initiative. Moreover, various Federal
9 and non-Federal stakeholders have worked coopera-
10 tively to develop a comprehensive National Arthritis
11 Action Plan: A Public Health Strategy.

12 (16) Greater efforts and commitments are need-
13 ed from Congress, the States, providers, and pa-
14 tients to achieve the goals of Healthy People 2010,
15 implement a national public health strategy con-
16 sistent with the National Arthritis Action Plan, and
17 lessen the burden of arthritis on citizens of the
18 United States.

1 **SEC. 3. ENHANCING THE PUBLIC HEALTH ACTIVITIES RE-**
2 **LATED TO ARTHRITIS OF THE CENTERS FOR**
3 **DISEASE CONTROL AND PREVENTION**
4 **THROUGH THE NATIONAL ARTHRITIS ACTION**
5 **PLAN.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
8 tion 314 the following:

9 **“SEC. 315. IMPLEMENTATION OF THE NATIONAL ARTHRITIS**
10 **ACTION PLAN.**

11 “The Secretary shall develop and implement a Na-
12 tional Arthritis Action Plan that consists of—

13 “(1) the Federal arthritis prevention and con-
14 trol activities, as described in section 315A;

15 “(2) the State arthritis control and prevention
16 programs, as described in section 315B;

17 “(3) the comprehensive arthritis action grant
18 program, as described in section 315C; and

19 “(4) a national arthritis education and outreach
20 program, as described in section 315D.

21 **“SEC. 315A. FEDERAL ARTHRITIS PREVENTION AND CON-**
22 **TROL ACTIVITIES.**

23 “(a) IN GENERAL.—The Secretary, acting through
24 the Director of the Centers for Disease Control and Pre-
25 vention, shall, directly, or through a grant to an eligible
26 entity, conduct, support, and promote the coordination of

1 research, investigations, demonstrations, training, and
2 studies relating to the control, prevention, and surveillance
3 of arthritis and other rheumatic diseases.

4 “(b) DUTIES OF SECRETARY.—The activities of the
5 Secretary under subsection (a) shall include—

6 “(1) the collection, publication, and analysis of
7 data on the prevalence and incidence of arthritis and
8 other rheumatic diseases;

9 “(2) the development of uniform data sets for
10 public health surveillance and clinical quality im-
11 provement activities;

12 “(3) the identification of evidence-based and
13 cost-effective best practices for the prevention, diag-
14 nosis, management, and care of arthritis and other
15 rheumatic diseases;

16 “(4) research, including research on behavioral
17 interventions to prevent arthritis and on other evi-
18 dence-based best practices relating to arthritis pre-
19 vention, diagnosis, management, and care; and

20 “(5) demonstration projects, including commu-
21 nity-based and patient self-management programs of
22 arthritis control, prevention, and care, and similar
23 collaborations with academic institutions, hospitals,
24 health insurers, researchers, health professionals,
25 and nonprofit organizations.

1 “(c) TRAINING AND TECHNICAL ASSISTANCE.—With
2 respect to the planning, development, and operation of any
3 activity carried out under subsection (a), the Secretary
4 may provide training, technical assistance, supplies, equip-
5 ment, or services, and may assign any officer or employee
6 of the Department of Health and Human Services to a
7 State or local health agency, or to any public or nonprofit
8 entity designated by a State health agency, in lieu of pro-
9 viding grant funds under this section.

10 “(d) ARTHRITIS PREVENTION RESEARCH AT THE
11 CENTERS FOR DISEASE CONTROL AND PREVENTION
12 CENTERS.—The Secretary shall provide additional grant
13 support for research projects at the Centers for Prevention
14 Research by the Centers for Disease Control and Preven-
15 tion to encourage the expansion of research portfolios at
16 the Centers for Prevention Research to include arthritis-
17 specific research activities related to the prevention and
18 management of arthritis.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 such sums as may be necessary for each of fiscal years
22 2008 through 2012.

1 **“SEC. 315B. STATE ARTHRITIS CONTROL AND PREVENTION**
2 **PROGRAMS.**

3 “(a) IN GENERAL.—The Secretary shall award
4 grants to eligible entities to provide support for com-
5 prehensive arthritis control and prevention programs and
6 to enable such entities to provide public health surveil-
7 lance, prevention, and control activities related to arthritis
8 and other rheumatic diseases.

9 “(b) ELIGIBILITY.—To be eligible to receive a grant
10 under this section, an entity shall be a State or Indian
11 tribe.

12 “(c) APPLICATION.—To be eligible to receive a grant
13 under this section, an entity shall submit to the Secretary
14 an application at such time, in such manner, and con-
15 taining such agreements, assurances, and information as
16 the Secretary may require, including a comprehensive ar-
17 thritis control and prevention plan that—

18 “(1) is developed with the advice of stake-
19 holders from the public, private, and nonprofit sec-
20 tors that have expertise relating to arthritis control,
21 prevention, and treatment that increase the quality
22 of life and decrease the level of disability;

23 “(2) is intended to reduce the morbidity of ar-
24 thritis, with priority on preventing and controlling
25 arthritis in at-risk populations and reducing dispari-

1 ties in arthritis prevention, diagnosis, management,
2 and quality of care in underserved populations;

3 “(3) describes the arthritis-related services and
4 activities to be undertaken or supported by the enti-
5 ty; and

6 “(4) is developed in a manner that is consistent
7 with the National Arthritis Action Plan or a subse-
8 quent strategic plan designated by the Secretary.

9 “(d) USE OF FUNDS.—An eligible entity shall use
10 amounts received under a grant awarded under subsection
11 (a) to conduct, in a manner consistent with the com-
12 prehensive arthritis control and prevention plan submitted
13 by the entity in the application under subsection (c)—

14 “(1) public health surveillance and epidemiolog-
15 ical activities relating to the prevalence of arthritis
16 and assessment of disparities in arthritis prevention,
17 diagnosis, management, and care;

18 “(2) public information and education pro-
19 grams; and

20 “(3) education, training, and clinical skills im-
21 provement activities for health professionals, includ-
22 ing allied health personnel.

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years
2 2008 through 2012.

3 **“SEC. 315C. COMPREHENSIVE ARTHRITIS ACTION GRANTS.**

4 “(a) IN GENERAL.—The Secretary shall award
5 grants on a competitive basis to eligible entities to enable
6 such eligible entities to assist in the implementation of a
7 national strategy for arthritis control and prevention.

8 “(b) ELIGIBILITY.—To be eligible to receive a grant
9 under this section, an entity shall be a national public or
10 private nonprofit entity.

11 “(c) APPLICATION.—To be eligible to receive a grant
12 under this section, an entity shall submit to the Secretary
13 an application at such time, in such manner, and con-
14 taining such agreements, assurances, and information as
15 the Secretary may require, including a description of how
16 funds received under a grant awarded under this section
17 will—

18 “(1) supplement or fulfill unmet needs identi-
19 fied in the comprehensive arthritis control and pre-
20 vention plan of a State or Indian tribe; and

21 “(2) otherwise help achieve the goals of the Na-
22 tional Arthritis Action Plan or a subsequent stra-
23 tegic plan designated by the Secretary.

24 “(d) PRIORITY.—In awarding grants under this sec-
25 tion, the Secretary shall give priority to eligible entities

1 submitting applications proposing to carry out programs
2 for controlling and preventing arthritis in at-risk popu-
3 lations or reducing disparities in underserved populations.

4 “(e) USE OF FUNDS.—An eligible entity shall use
5 amounts received under a grant awarded under subsection
6 (a) for 1 or more of the following purposes:

7 “(1) To expand the availability of physical ac-
8 tivity programs designed specifically for people with
9 arthritis.

10 “(2) To provide awareness education to pa-
11 tients, family members, and health care providers, to
12 help such individuals recognize the signs and symp-
13 toms of arthritis, and to address the control and
14 prevention of arthritis.

15 “(3) To decrease long-term consequences of ar-
16 thritis by making information available to individ-
17 uals with regard to the self-management of arthritis.

18 “(4) To provide information on nutrition edu-
19 cation programs with regard to preventing or miti-
20 gating the impact of arthritis.

21 “(f) EVALUATION.—An eligible entity that receives a
22 grant under this section shall submit to the Secretary an
23 evaluation of the operations and activities carried out
24 under such grant that includes an analysis of increased
25 utilization and benefit of public health programs relevant

1 to the activities described in the appropriate provisions of
2 subsection (e).

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of fiscal years
6 2008 through 2012.

7 **“SEC. 315D. NATIONAL ARTHRITIS EDUCATION AND OUT-**
8 **REACH.**

9 “(a) IN GENERAL.—The Secretary shall coordinate
10 a national education and outreach program to support, de-
11 velop, and implement education initiatives and outreach
12 strategies appropriate for arthritis and other rheumatic
13 diseases.

14 “(b) INITIATIVES AND STRATEGIES.—Initiatives and
15 strategies implemented under the program described in
16 subsection (a) may include public awareness campaigns,
17 public service announcements, and community partnership
18 workshops, as well as programs targeted at businesses and
19 employers, managed care organizations, and health care
20 providers.

21 “(c) PRIORITY.—In carrying out subsection (a), the
22 Secretary—

23 “(1) may emphasize prevention, early diagnosis,
24 and appropriate management of arthritis, and op-

1 opportunities for effective patient self-management;
2 and

3 “(2) shall give priority to reaching high-risk or
4 underserved populations.

5 “(d) COLLABORATION.—In carrying out this section,
6 the Secretary shall consult and collaborate with stake-
7 holders from the public, private, and nonprofit sectors
8 with expertise relating to arthritis control, prevention, and
9 treatment.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 such sums as may be necessary for each of fiscal years
13 2008 through 2012.”.

14 **SEC. 4. EXPANSION AND COORDINATION OF ACTIVITIES OF**
15 **THE NATIONAL INSTITUTES OF HEALTH WITH**
16 **RESPECT TO RESEARCH ON ARTHRITIS.**

17 Title IV of the Public Health Service Act (42 U.S.C.
18 281 et seq.) is amended by inserting after section 439 the
19 following:

20 **“SEC. 439A. ARTHRITIS AND RHEUMATIC DISEASES INTER-**
21 **AGENCY COORDINATING COMMITTEE.**

22 “(a) IN GENERAL.—

23 “(1) ESTABLISHMENT.—The Secretary shall es-
24 tablish an Arthritis and Rheumatic Diseases Inter-

1 agency Coordinating Committee (referred to in this
2 section as the ‘Coordinating Committee’).

3 “(2) DUTIES.—The coordinating committee es-
4 tablished under paragraph (1) shall—

5 “(A) provide for the improved coordination
6 of the research activities of all the national re-
7 search institutes relating to arthritis and rheu-
8 matic diseases; and

9 “(B) provide for full and regular commu-
10 nication and exchange of information necessary
11 to maintain adequate coordination across all
12 Federal health programs and activities related
13 to arthritis and rheumatic diseases.

14 “(b) ARTHRITIS AND RHEUMATIC DISEASES INTER-
15 AGENCY COORDINATING COMMITTEE.—

16 “(1) COMPOSITION.—The Coordinating Com-
17 mittee shall consist of members, appointed by the
18 Secretary, of which—

19 “(A) $\frac{2}{3}$ of such members shall represent
20 governmental agencies, including—

21 “(i) the directors of each of the na-
22 tional research institutes and divisions in-
23 volved in research regarding arthritis and
24 rheumatic diseases (or the directors’ re-
25 spective designees); and

1 “(ii) representatives of other Federal
2 departments and agencies (as determined
3 appropriate by the Secretary) whose pro-
4 grams involve health functions or respon-
5 sibilities relevant to arthritis and rheu-
6 matic diseases, including the Centers for
7 Disease Control and Prevention, the
8 Health Resources and Services Administra-
9 tion, and the Food and Drug Administra-
10 tion; and

11 “(B) $\frac{1}{3}$ of such members shall be public
12 members, including a broad cross section of
13 persons affected by arthritis, researchers, clini-
14 cians, and representatives of voluntary health
15 agencies, who—

16 “(i) shall serve for a term of 3 years;
17 and

18 “(ii) may serve for an unlimited num-
19 ber of terms if reappointed.

20 “(2) CHAIRPERSON.—

21 “(A) APPOINTMENT.—The Chairperson of
22 the Coordinating Committee (referred to in this
23 subsection as the ‘Chairperson’) shall be ap-
24 pointed by and be directly responsible to the
25 Secretary.

1 “(B) DUTIES.—The Chairperson shall—

2 “(i) serve as the principal advisor to
3 the Secretary, the Assistant Secretary for
4 Health, and the Director of NIH on mat-
5 ters relating to arthritis and rheumatic dis-
6 eases; and

7 “(ii) provide advice to the Director of
8 the Centers for Disease Control and Pre-
9 vention, the Commissioner of Food and
10 Drugs, and the heads of other relevant
11 Federal agencies, on matters relating to
12 arthritis and rheumatic diseases.

13 “(3) ADMINISTRATIVE SUPPORT; MEETINGS.—

14 “(A) ADMINISTRATIVE SUPPORT.—The
15 Secretary shall provide necessary and appro-
16 priate administrative support to the Coordin-
17 ating Committee.

18 “(B) MEETINGS.—The Coordinating Com-
19 mittee shall meet on a regular basis as deter-
20 mined by the Secretary, in consultation with the
21 Chairperson.

22 “(c) ARTHRITIS AND RHEUMATIC DISEASES SUM-
23 MIT.—

24 “(1) IN GENERAL.—Not later than 1 year after
25 the date of enactment of the Arthritis Prevention,

1 Control, and Cure Act of 2007, the Coordinating
2 Committee shall convene a summit of researchers,
3 public health professionals, representatives of vol-
4 untary health agencies, representatives of academic
5 institutions, and Federal and State policymakers, to
6 provide a detailed overview of current research ac-
7 tivities at the National Institutes of Health, as well
8 as to discuss and solicit input related to potential
9 areas of collaboration between the National Insti-
10 tutes of Health and other Federal health agencies,
11 including the Centers for Disease Control and Pre-
12 vention, the Agency for Healthcare Research and
13 Quality, and the Health Resources and Services Ad-
14 ministration, related to research, prevention, and
15 treatment of arthritis and rheumatic diseases.

16 “(2) SUMMIT DETAILS.—The summit developed
17 under paragraph (1) shall focus on—

18 “(A) a broad range of research activities
19 relating to biomedical, epidemiological, psycho-
20 social, and rehabilitative issues, including stud-
21 ies of the impact of the diseases described in
22 paragraph (1) in rural and underserved commu-
23 nities;

1 “(B) clinical research for the development
2 and evaluation of new treatments, including
3 new biological agents;

4 “(C) translational research on evidence-
5 based and cost-effective best practices in the
6 treatment, prevention, and management of the
7 disease;

8 “(D) information and education programs
9 for health care professionals and the public;

10 “(E) priorities among the programs and
11 activities of the various Federal agencies re-
12 garding such diseases; and

13 “(F) challenges and opportunities for sci-
14 entists, clinicians, patients, and voluntary orga-
15 nizations.

16 “(d) REPORT TO CONGRESS.—Not later than 180
17 days after the convening of the Arthritis and Rheumatic
18 Diseases Summit under subsection (c)(1), the Director of
19 NIH shall prepare and submit a report to Congress that
20 includes proceedings from the summit and a description
21 of arthritis research, education, and other activities that
22 are conducted or supported through the national research
23 institutes.

24 “(e) PUBLIC INFORMATION.—The Coordinating
25 Committee shall make readily available to the public infor-

1 mation about the research, education, and other activities
2 relating to arthritis and other rheumatic diseases, con-
3 ducted or supported by the National Institutes of Health.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated such sums as may be
6 necessary for each of fiscal years 2008 through 2012 to
7 carry out this section.”.

8 **SEC. 5. EXPANSION, INTENSIFICATION, AND INNOVATION**
9 **OF RESEARCH AND PUBLIC HEALTH ACTIVI-**
10 **TIES RELATED TO JUVENILE ARTHRITIS.**

11 (a) JUVENILE ARTHRITIS INITIATIVE THROUGH THE
12 DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.—
13 Part A of title IV of the Public Health Service Act (42
14 U.S.C. 281 et seq.) is amended by adding at the end the
15 following:

16 **“SEC. 404I. JUVENILE ARTHRITIS INITIATIVE THROUGH**
17 **THE DIRECTOR OF THE NATIONAL INSTI-**
18 **TUTES OF HEALTH.**

19 “(a) EXPANSION AND INTENSIFICATION OF ACTIVI-
20 TIES.—

21 “(1) IN GENERAL.—The Director of NIH, in
22 coordination with the Director of the National Insti-
23 tute of Arthritis and Musculoskeletal and Skin Dis-
24 eases, and the directors of the other national re-
25 search institutes, as appropriate, shall expand and

1 intensify programs of the National Institutes of
2 Health with respect to research and related activities
3 concerning various forms of juvenile arthritis.

4 “(2) COORDINATION.—The directors referred to
5 in paragraph (1) shall jointly coordinate the pro-
6 grams referred to in such paragraph and consult
7 with additional Federal officials, voluntary health as-
8 sociations, medical professional societies, and private
9 entities as appropriate.

10 “(b) PLANNING GRANTS AND CONTRACTS FOR INNO-
11 VATIVE RESEARCH IN JUVENILE ARTHRITIS.—

12 “(1) IN GENERAL.—In carrying out subsection
13 (a)(1) the Director of NIH shall award planning
14 grants or contracts for the establishment of new re-
15 search programs, or enhancement of existing re-
16 search programs, that focus on juvenile arthritis.

17 “(2) RESEARCH.—

18 “(A) TYPES OF RESEARCH.—In carrying
19 out this subsection, the Secretary shall encour-
20 age research that focuses on genetics, on the
21 development of biomarkers, and on pharma-
22 cological and other therapies.

23 “(B) PRIORITY.—In awarding planning
24 grants or contracts under paragraph (1), the
25 Director of NIH may give priority to collabo-

1 rative partnerships, which may include aca-
2 demic health centers, private sector entities,
3 and nonprofit organizations.

4 “(c) **AUTHORIZATION OF APPROPRIATIONS.**—There
5 are authorized to be appropriated such sums as may be
6 necessary for each of fiscal years 2008 through 2012 to
7 carry out this section. Such authorization shall be in addi-
8 tion to any authorization of appropriations under any
9 other provision of law to carry out juvenile arthritis activi-
10 ties or other arthritis-related research.”.

11 (b) **PUBLIC HEALTH AND SURVEILLANCE ACTIVI-**
12 **TIES RELATED TO JUVENILE ARTHRITIS AT THE CEN-**
13 **TERS FOR DISEASE CONTROL AND PREVENTION.**—Part
14 B of title III of the Public Health Service Act (42 U.S.C.
15 243 et seq.) is amended by inserting after section 320A
16 the following:

17 **“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING**
18 **JUVENILE ARTHRITIS.**

19 “(a) **IN GENERAL.**—The Secretary, acting through
20 the Director of the Centers for Disease Control and Pre-
21 vention, may award grants to and enter into cooperative
22 agreements with public or nonprofit private entities for the
23 collection, analysis, and reporting of data on juvenile ar-
24 thritis.

1 “(b) TECHNICAL ASSISTANCE.—In awarding grants
2 and entering into agreements under subsection (a), the
3 Secretary may provide direct technical assistance in lieu
4 of cash.

5 “(c) COORDINATION WITH NIH.—The Secretary
6 shall ensure that epidemiological and other types of infor-
7 mation obtained under subsection (a) is made available to
8 the National Institutes of Health.

9 “(d) CREATION OF A NATIONAL JUVENILE ARTHRI-
10 TIS PATIENT REGISTRY.—The Secretary, acting through
11 the Director of the Centers for Disease Control and Pre-
12 vention and in collaboration with a national voluntary
13 health organization with experience serving the juvenile
14 arthritis population as well as the full spectrum of arthri-
15 tis-related conditions, shall support the development of a
16 National Juvenile Arthritis Patient Registry to collect spe-
17 cific data for follow-up studies regarding the prevalence
18 and incidence of juvenile arthritis, as well as capturing
19 information on evidence-based health outcomes related to
20 specific therapies and interventions.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated such sums as may be
23 necessary to carry out this section.”.

1 **SEC. 6. INVESTMENT IN TOMORROW'S PEDIATRIC**
2 **RHEUMATOLOGISTS.**

3 (a) IN GENERAL.—Part Q of title III of the Public
4 Health Service Act (42 U.S.C. 280h et seq.) is amended
5 by adding at the end the following:

6 **“SEC. 399Z-1. INVESTMENT IN TOMORROW'S PEDIATRIC**
7 **RHEUMATOLOGISTS.**

8 “(a) ENHANCED SUPPORT.—In order to ensure an
9 adequate future supply of pediatric rheumatologists, the
10 Secretary, in consultation with the Administrator of the
11 Health Resources and Services Administration, shall sup-
12 port activities that provide for—

13 “(1) an increase in the number and size of in-
14 stitutional training grants awarded to institutions to
15 support pediatric rheumatology training; and

16 “(2) an expansion of public-private partnerships
17 to encourage academic institutions, private sector
18 entities, and health agencies to promote educational
19 training and fellowship opportunities for pediatric
20 rheumatologists.

21 “(b) AUTHORIZATION.—There are authorized to be
22 appropriated such sums as may be necessary for each of
23 fiscal years 2008 through 2012 to carry out this section.”.

24 (b) PEDIATRIC LOAN REPAYMENT PROGRAM.—Part
25 Q of title III of the Public Health Service Act (42 U.S.C.

1 280h et seq.), as amended by subsection (a), is further
2 amended by adding at the end the following:

3 **“SEC. 399Z-2. PEDIATRIC RHEUMATOLOGY LOAN REPAY-**
4 **MENT PROGRAM.**

5 “(a) IN GENERAL.—The Secretary, in consultation
6 with the Administrator of the Health Resources and Serv-
7 ices Administration, may establish a pediatric
8 rheumatology loan repayment program.

9 “(b) PROGRAM ADMINISTRATION.—Through the pro-
10 gram established under subsection (a), the Secretary
11 shall—

12 “(1) enter into contracts with qualified health
13 professionals who are pediatric rheumatologists
14 under which—

15 “(A) such professionals agree to provide
16 health care in an area with a shortage of pedi-
17 atric rheumatologists; and

18 “(B) the Federal Government agrees to
19 repay, for each year of such service, not more
20 than \$25,000 of the principal and interest of
21 the educational loans of such professionals; and

22 “(2) in addition to making payments under
23 paragraph (1) on behalf of an individual, make pay-
24 ments to the individual for the purpose of providing
25 reimbursement for tax liability resulting from the

1 payments made under paragraph (1), in an amount
2 equal to 39 percent of the total amount of the pay-
3 ments made for the taxable year involved.

4 “(c) FUNDING.—

5 “(1) IN GENERAL.—For the purpose of car-
6 rying out this section, the Secretary may reserve,
7 from amounts appropriated for the Health Re-
8 sources and Services Administration for the fiscal
9 year involved, such amounts as the Secretary deter-
10 mines to be appropriate.

11 “(2) AVAILABILITY OF FUNDS.—Amounts made
12 available to carry out this section shall remain avail-
13 able until the expiration of the second fiscal year be-
14 ginning after the fiscal year for which such amounts
15 were made available.”.

16 **SEC. 7. CAREER DEVELOPMENT AWARDS IN PEDIATRIC**
17 **RHEUMATOLOGY.**

18 Part G of title IV of the Public Health Service Act
19 (42 U.S.C. 288 et seq.) is amended—

20 (1) by redesignating the second section 487F
21 (relating to a pediatric research loan repayment pro-
22 gram) as section 487G;

23 (2) by inserting after section 487G (as so re-
24 designated) the following:

1 **“SEC. 487H. CAREER DEVELOPMENT AWARDS IN PEDI-**
2 **ATRIC RHEUMATOLOGY.**

3 “(a) IN GENERAL.—The Secretary, in consultation
4 with the Director of NIH, may establish a program to in-
5 crease the number of career development awards for
6 health professionals who intend to build careers in clinical
7 and translational research relating to pediatric
8 rheumatology.

9 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated such sums as may be
11 necessary to carry out this section.”.

12 **SEC. 8. GENERAL ACCOUNTING OFFICE STUDY OF ARTHRI-**
13 **TIS AND THE WORKPLACE.**

14 (a) STUDY AND REPORT.—Not later than 3 years
15 after the date of enactment of this Act, the Comptroller
16 General of the United States shall conduct a study on the
17 economic impact of arthritis in the workplace, and submit
18 a report to the appropriate committees of Congress con-
19 taining the results of the study.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated such sums as may be
22 necessary to carry out this section.

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